DOCUMENT RESUME

ED 191 235 EC 124 597

AUTHOR	Phillips, Jerri Linn; Balthazar, Earl E.
TITLE	Measuring Attitudes Toward Mentally Retarded Persons: The Social Perspectives Scale. Volume 16.
INSTITUTION	Wisconsin State Dept. of Health and Social Services, Madison.
PUB DATE	Jan 80
NOTE	47p.; Tables have very small print.
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Attitude Measures; *Attitudes; *Mental Retardation; *Social Attitudes; *Test Validity
IDENTIFIERS	*Social Perspectives Scale

ABSTRACT

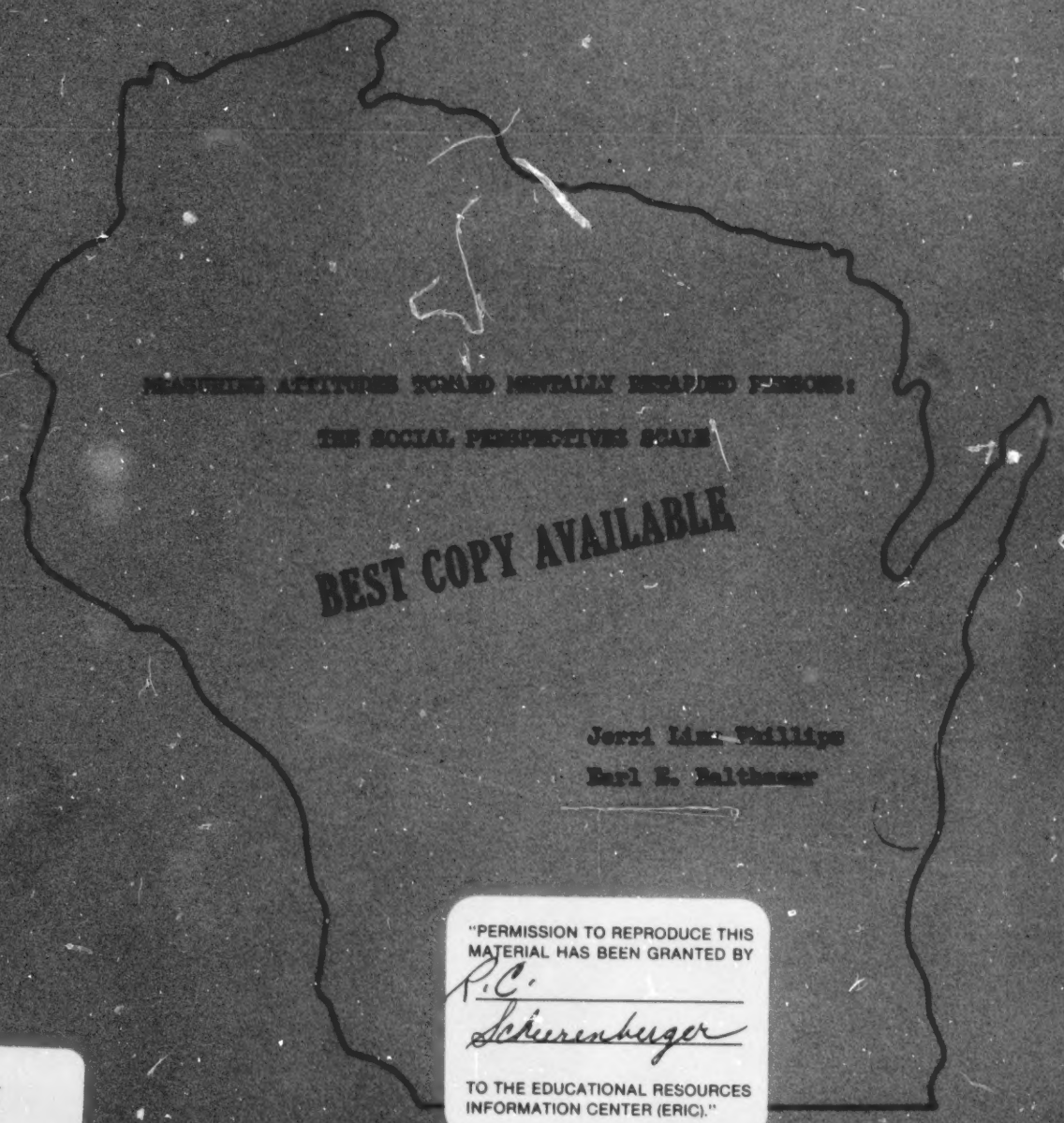
The document reports on a study of 158 respondents to validate the Social Perspectives Scale (SPS), an instrument to measure the underlying dimensions, or perspectives, which people apply to mental retardation and other developmental disabilities. The perspectives measured by the SPS can be grouped into three categories: characteristics attributed to the target group, including competency, emotional health, and affect; feelings about the target group, including social distance and degree of distaste; and perceived prognosis for the target group, including prevention expectations, medical expectations, and habilitation expectations. Results are discussed in terms of the use of the sum of all eight perspective raw scores as univariate measures of attitudes toward the retarded, the utility of making distinctions among the eight perspectives, differential responses according to selected respondent characteristics, different response patterns by target, and an overall evaluation of the SPS. (DLS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED191233



MEASURING ATTITUDES TOWARD MENTALLY RETARDED PERSONS: THE SOCIAL PERSPECTIVES SCALE

BEST COPY AVAILABLE

Jerri Lin Phillips
Earl E. Balthazar

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
P.C. Scheerenberger
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 124597

Division of Community Services
Department of Health and Social Services
Central Wisconsin Center for the Developmentally Disabled
Research Department
Madison, Wisconsin

January, 1980

MEASURING ATTITUDES TOWARD MENTALLY RETARDED PERSONS:

THE SOCIAL PERSPECTIVES SCALE

By

Jerri Linn Phillips, M.A.
Research Analyst

Earl E. Balthazar, Ph.D.
Research Scientist

Behavioral Sciences Research Section

Richard C. Scheerenberger, Ph.D., Director
Division of Community Services
Department of Health and Social Services
Central Wisconsin Center for the Developmentally Disabled
317 Knutson Drive
Madison, WI 53704
January, 1980

Copyright (c) 1980 by the State of Wisconsin
Department of Health and Social Services.
All rights reserved.

This book or parts thereof may not be reproduced
in any form without the permission of the
Wisconsin Department of Health and Social
Services.

Printed by the State of Wisconsin Department
of Administration, State Printing Division,
1 West Wilson Street, Madison, WI, 53702.

Measuring Attitudes Toward Mentally Retarded People:
The Social Perspectives Scale

Attitude measures abound. We of late twentieth century America are used to them in the form of public opinion polls, Congressional surveys, covers for sales campaigns, and as a quick-and-easy data gathering technique for researchers who, their critics say, lack the resources for more direct research designs. Attitude measures are controversial. But good attitude measures, skillfully employed, have an important place in social and behavioral research. The Social Perspectives Scale was designed to enable its users to fill major gaps in the accumulated knowledge about social responses to retardation. It was developed within an explicit theoretical framework linking the concepts of "attitude" and "attitudes toward mental retardation" to certain assumptions about the origins of social responses to retardation.

Each of us carries around images of people or things which we call into play when we deal with them, which provide us with preliminary expectations about their locations along certain continua, and which guide our subsequent actions. The phrase "mentally retarded person" brings to mind a personalized image, often poorly articulated but occasionally varied and refined, for anyone hearing it. An attitude measure should capture and clarify those underlying, personalized images (Oppenheim, 1966). It asks, in effect, "What is it you think of, before you add all the refinements you might want to append to a particular case?" It should reflect the theoretical and empirical dimensions of the images people actually hold of the respective attitude object.

Attitudes about specific categories of people or things are rarely unidimensional (Oppenheim, 1966). They reflect, instead, underlying dimensions generally associated with the attitude object. For example, when asked their attitudes about a certain fast food hamburger, respondents may sort their ratings according to cost, flavor, convenience, and

nutritional value. Different respondent groups react to the various dimensions in terms of their own theoretically-relevant perspectives. Affluent respondents may rate the hamburger as more affordable than impoverished respondents; teens may value its flavor more highly than adults; nurses may rate its nutritional value lower than the general population; and urbanites may rate it as more convenient than farmers. An attitude measure that is sensitive to relevant perspectives is more adaptable to theoretically-grounded research than is a single "favorability" measure.

The relative salience of each perspective will depend on the respondents' personal situations and on the comparisons that are made. In the hamburger example, cost may be more salient to someone on a limited budget than to someone travelling on an expense account for differentiating between the fast food hamburger and a steak at an expensive restaurant. Perspective raw scores may be more important than salience in marketing research, but an empirically-useful measure of attitudes toward mental retardation should also be capable of identifying which perspectives are salient, and for whom, in differentiating between retarded and nonretarded, handicapped and nonhandicapped, targets.

The purpose of this project was to develop and validate a flexible measure of attitudes toward mentally retarded people, and to demonstrate the potential utility of that measure. We stipulated that the final scale should be flexible enough to be used by such varied respondents as professionals who work directly with retarded people, policy-makers and administrators, parents and family members of retarded people, or the general public. It was designed to facilitate comparison of attitudes toward differing retarded populations or toward related handicapped or stigmatized groupings. Only by knowing the attitudes people under contrasting personal, situational, or social conditions hold toward mental retardation in relation to other stigmatizing characteristics can we begin to understand the initial social responses to mentally retarded people and the changes that occur when conditions are changed through the ordinary course of events or through experimental manipulation.

No comprehensive measure of attitudes toward mental retardation possesses the desired range of flexibility (Harth, 1973; Guskin, 1977). The study of mental retardation, like any other field, can be represented very broadly by a growth in sophistication through the accumulation of knowledge. An early tradition in the measurement of attitudes toward retardation focused on developing measures of "favorability" toward retardation. Social distance scales, rating scales, or common evaluative semantic differential items (Oppenheim, 1966) were typical, and the final product was a relative ranking of stigmatized categories. Shears and Jensema (1969) and Warren and Turner (1966) came to a common conclusion though their techniques, respondent populations, and stigmatized target groups differed: mental retardation (especially if more severe) ranked at or near the bottom of their respondents' preferential hierarchy. Warren and Turner's professional respondents ranked the brain-injured and the moderate to severely retarded categories last among educationally-related conditions on criteria of preference, educational emphasis, and familiarity. The Shears and Jensema respondents ranked mental retardation and homosexuality last among conditions of presumable physical origin in terms of choice of affiliation and choice of friend.

The next trend in research on attitudes toward mental retardation was to examine some of the characteristics of retardation that contributed to its low esteem. On the one hand, experimentalists examined the effects of such characteristics as personal appearance (English & Palla, 1971; Siperstein & Gottlieb, 1977) or labelling (Hollinger & Jones, 1970; Budoff & Siperstein, 1978) that enhance or detract from favorability toward retarded people. On the other hand, specialized surveys dealing with attitudes toward specific issues were developed to compare positions of respondents holding certain role relationships relative to retarded persons (Whitcraft & Jones, 1974; Zuk, et al., 1961). Many of the specialized surveys were based on ad hoc instruments that were neither theoretically-grounded nor empirically examined. Because they are issue-specific, they typically lack generalizability beyond their initial use.

The complexity of attitudes has received increased attention recently. Gardner and Veno (1979) compared item-by-item responses for

mentally retarded, mentally ill, and criminal targets. Karan (1978) in his analysis of changes in attitudes with exposure to profoundly retarded multi-handicapped men also reported his results in an item-by-item context. Greer, et al. (1974; no date) developed a good scale for measuring psychological aspects of attitudes toward disabilities as a whole. Their Disability Opinion Survey differentiated the dimensions Special Considerations, Internal-External, Treatment, Discredited, and Discreditable. Each dimension pools questions which refer to different disabilities, making the scale unsuitable in its present form for comparison among disabilities.

To date, the empirically-established measures of attitudes toward retardation have failed on one or more criteria of multidimensionality, ability to compare target groups, adequate scope for use with a range of respondent populations or for a range of applications, and the capacity to measure differentiation among related target groups (see Guskin, 1977, for a parallel analysis). A semantic differential question format was chosen for the Social Perspectives Scale because of its unique ability to yield comparable measures among varied target groups, to provide gradations along continua of attitudes or perspectives, and to function economically for a variety of purposes without the situational constraints of more verbose question styles (Osgood, et al., 1957; Oppenheim, 1966).

The initial item pool was selected to be as inclusive as possible of all the aspects that may be involved in attitudes toward retardation. The final items were chosen from the initial pool by factor analysis of responses empirically obtained. An extensive review of the literature revealed fifteen general categories of attitudes toward retardation as suggested by measures used by other researchers; their hypotheses, theory or assumptions; their interpretations of empirical results; and academic and editorial writing about retardation. For each of the fifteen categories, three semantic differential polar opposite items were created. The initial fifteen categories, representational references, and the resulting items were the following:

1. Denial (rare-common, neglected-protected, obvious-subtle): favors institutionalization because it hides the reality of retardation (Gottlieb & Corman, 1975).

2. Fear, of behavior (dangerous-safe, oversexed-asexual, reassuring-frightening): believes retarded people may be violent, uncontrolled, unpredictable, promiscuous, physically dangerous (Silverstein, et al., 1976).

3. Fear, of deformity (healthy-sick, beautiful-ugly, dead-alive): is queasy around the physically deformed, as if the problem might be contagious (Greenbaum & Wang, 1965).

4. Assignment of guilt (shameful-prideful, punishing-rewarding, wrong-right): tends to blame the parents; parents wonder "Where did I go wrong?", "What did I do to deserve this?" (Weller, et al., 1974; Zuk, et al., 1961).

5. Handicapped as special (sacred-profane, superior-inferior, special-ordinary): believes God picked out special parents to raise the handicapped; handicapped have compensating attributes, such as courage (Zuk, et al., 1961; Harth, 1971).

6. Belief in rehabilitation (nonresponsive-responsive, incompetent-competent, hopeless-hopeful): favors strong training and rehabilitation programs; at extreme, believes MR is curable (Gan, et al., 1977; Latimer, 1970).

7. MR preventable (incurable-curable, preventable-not preventable, inevitable-avoidable): favors strong preventive programs; at extreme, believes any case of retardation represents medical failure (Latimer, 1970; Whitcraft & Jones, 1974).

8. "Realistic" (different-alike, heterogenous-homogeneous, worldly-unworldly): recognizes the variability in sources (or causes) of MR, individual MR cases, treatment needs, etc. (Campbell, 1977).

9. Humanitarian (worthless-valuable, respectable-not respectable, inhuman-human): believes in treating the retarded with respect accorded all humankind, explicitly because as humans they are "worthy" (Silverstein, et al., 1976).

10. Burden (helpful-burdensome, useful-useless, heavy-light): believes retarded constitute a burden to parents and society, that they drain resources and contribute little; favors financial aid where necessary but little formal programming (Babow & Johnson, 1969).

11. Valuation for nonhandicapped condition (stupid-intelligent, bright-dull, awkward-skilled): places high value on intelligence or on such areas as gracefulness or maturity (Warren & Turner, 1966).

12. Intolerance for human variability (familiar-strange, moral-immoral, conforming-deviant): colloquially, a bigot; concerned about deviance from standard behavioral expectations, may think retarded people are immoral (Eisenman, 1972; Silverstein, et al., 1976).

13. Nurturant (strong-weak, independent-dependent, helpless-self-reliant): drawn to helpless, enjoys helping them (Silverstein, et al., 1976; Babow & Johnson, 1969).

14. Affect attribution (lonely-not lonely, nervous-confident, unhappy-happy): expects a limited range of emotions or emotional needs in retarded people (Cleland, et al., 1975; Gan, et al., 1977).

15. Emotional disturbance attribution (insane-sane, stable-unstable, rational-crazy): assumes disturbed behavior in retarded people is a consequence of retardation (Copeland & Weissbrod, 1976; Latimer, 1970).

Methodology

Volunteer respondents were sought among employees at a residential facility for severely and profoundly retarded persons, members of two church congregations, students in a lower level social welfare course at a rural university, students in an upper level course on developmental disabilities at a large urban university, and various friends and relatives of other respondents. Respondent groups were intended to represent a broad range of attitudes expressed toward mentally retarded persons. One hundred fifty-eight completed questionnaires were returned.

The "meat" of the questionnaire consisted of a series of semantic differential scales (with both items and poles in randomized sequence), a social distance scale, and a series of questions about the respondents' personal backgrounds. Three questions asked the age, sex, and severity of retardation which "pops into my mind" when the respondent heard the phrase "mentally retarded person." Finally, respondents were invited to comment on the questionnaire items themselves. A 30-item Likert scale was also developed based on the original 15 categories. However, the factor analysis selected by question type, and the Likert data did not contribute substantially to the conclusions, so they are not included in this analysis. All relevant questions are reprinted in Appendix I.

Each semantic differential item consisted of the two polar terms, separated by seven spaces:

wrong ___:___:___:___:___:___:___ right

Respondents were to check the single space that best represented the location of the target on that continuum in their own minds. Items were initially scored one through seven, based on location, then were rescored for analysis. Each target was listed at the top of a separate page, followed by the 45 semantic differential items. Items were listed in the same order for all targets. The semantic differential items for the target MENTALLY RETARDED PEOPLE followed immediately after the cover letter and instructions. Before the respondents' attention was directed to specific retarded subgroups, they answered the three "pops into my mind" questions and the conventional social distance scale.

Four more semantic differential targets followed, with specific targets randomly distributed among the questionnaires. Each respondent received forms for two of four specific retarded targets: MILDLY RETARDED PEOPLE, SEVERELY RETARDED PEOPLE, 10-YEAR OLD RETARDED CHILDREN, or 35-YEAR OLD RETARDED ADULTS. They also responded to two of three nonretarded targets: PEOPLE IN GENERAL, MYSELF, and THE IDEAL PERSON. Previous research (e.g., Gottlieb & Siperstein, 1976) had indicated responses to attitude questions vary depending on exact wordings of the target group label. Comparison of responses to the specific retarded and nonretarded targets provides a test for that possibility.

A composite distance measure was constructed for each semantic differential item to measure the difference between responses to the specific retarded targets and the nonretarded targets. This distance measure is referred to as the salience of the item because it measures the item's importance or salience in differentiating images of retarded and nonretarded targets in the respondent's mind. Item saliences are measured as the square root of the sum of the squared differences between responses to each specific retarded target and each nonretarded target. For item k, where r_{ik} refers to the specific retarded targets, n_{jk} to the nonretarded targets, and S_k to item salience,

$$S_k = \sqrt[2]{(r_{1k} - n_{1k})^2 + (r_{2k} - n_{1k})^2 + (r_{1k} - n_{2k})^2 + (r_{2k} - n_{2k})^2}.$$

This measure of salience is similar, but not identical, to Osgood's distance measure, D (Osgood, et al., 1957).

The initial item pool was reduced through factor analysis to a set of eight perspectives, each represented by two items. Perspective raw scores are the sums of the component item raw scores. Perspective saliences are the geometric mean of item saliences,

$$S_p = \sqrt[2]{s_1^2 + s_2^2}.$$

Perspective raw scores and perspective saliences were summed to compute a raw and a salience sum, respectively, for each respondent. The raw sum can be interpreted as a measure of respondent favorability toward mentally retarded persons. The salience sum can be interpreted as the extent to which respondents hold a stereotype of retarded people that is differentiated from nonretarded people.

Respondent characteristics were measured as follows:

1. Closest Relationship. A conventional social distance scale, scored in terms of the closest relationship the respondent was willing to have with a mentally retarded person (a high score indicates closeness).

2. Job: severe, mild, adult, child. A series of dichotomous measures indicating whether or not the respondent had direct on-the-job experience with the respective category of retarded person (0 = no; 1 = yes).

3. Family: severe, mild, adult, child. A similar series of dichotomous measures characterizing immediate family members (0 = no; 1 = yes). Few respondents reported severely or adult retarded family members, and no association involving those two variables was significant. They will, therefore, be omitted from further consideration.

4. Acquaintance. Based on the same data as the preceding two sets of measures, coded to reflect intimacy of acquaintance: (1) never met a retarded person; (2) acquaintance or non-immediate relative; (3) friend or occasional contact through job; (4) immediate family or primary job responsibility.

5. Field. A composite of occupational field (for respondents with permanent jobs) or educational major (for students not holding permanent

jobs), ranging from working directly with retarded people (highest score), through related professions (e.g., teaching), to non-people-oriented fields. Separate Occupational and Educational Field data are also reported.

6. Organizations Known. Total number of local and national organizations that deal with retardation listed by the respondent, coded as none, one, or more than one.

7. Number of Organizations. The total number of organizational memberships (professional, service, social, religious, or others) listed by the respondent, also coded as none, one, or more than one.

8. Type of Organization. Based on the same question as the preceding measure, the organization most closely applicable to mental retardation is coded as (a) specific to mental retardation (highest); (b) other service; (c) other activist; (d) other religious; (e) other social; and (f) any other organization.

9. Age. Coded by decade.

10. Sex. (M = 1; F = 2).

11. Education. A high score indicates more advanced education.

12. Occupation. A high score indicates a higher-status occupation.

13. Student Level. A high score indicates more advanced work.

Throughout this report, raw item scores have been recoded so that -3 represents the more negative pole and 3 represents the more positive pole for each item on the semantic differential scale. Perspective raw scores range from -6 to 6. A high salience score indicates the item or perspective is more salient for differentiating retarded from nonretarded targets. A salience of zero indicates no difference between responses to retarded and nonretarded targets.

Some typographical conventions will be followed throughout this report. Targets will be represented by fully-capitalized terms (PEOPLE IN GENERAL). Perspective names will be underlined (Social Distance). Specific measures of respondent characteristics will be capitalized (Closest Relationship). Semantic differential items will be hyphenated (competent-incompetent) to indicate the full continuum each represents.

Respondent Characteristics

Most (150) respondents had at least a casual acquaintance with one or more retarded persons. Close to half (75) had immediate family members who were retarded or they worked directly with retarded persons in their jobs or volunteer work. Somewhat over a third (56) had the care of retarded persons as a job responsibility. The high proportion of respondents who claimed personal experience with retarded persons suggests some self-selection and possible under-representation of people who have never known a retarded person. This is not particularly surprising with such a lengthy (one hour) voluntary instrument.

Respondents were predominantly women (110), young (87 under 30; 25 over 50), and well-educated (16 had no formal education beyond high school; 33 held advanced degrees). Eighty-three were students, including some who also held full-time jobs. All these characteristics reflect the selective nature of the respondent groups approached. Both direct-care personnel and students in human service areas are predominantly female, and, not surprisingly, Sex and Field were strongly related ($\uparrow$ = .27, p = .0005). Male respondents tended to be older ($\uparrow$ = .16, p = .02), better educated ($\uparrow$ = .27, p = .0004), and held higher ranked jobs ($\uparrow$ = .18, p = .04). It is difficult, therefore, to distinguish the effects of sex, age, education, and personal experience. The problem, of course, extends beyond the immediate sample to the sociological issue of occupational differentiation by sex.

Despite the clustering of respondents into fairly stereotypical groupings, the sample as a whole yielded a full range of responses to the items. Of the initial 45 semantic differential items, with respect to the MENTALLY RETARDED PEOPLE target, the respondents used at least 5 of the 7 response categories on 8 items, and used all 7 categories for the remaining 37 items. Exact comparison of responses with existing data is difficult because of the lack of comparable questions, but a three-state general population survey reported by Latimer (1970) yielded surprisingly similar results on the items for which comparison is possible. She reported (p. 32) "55% of the respondents did not know

whether mental retardation can be prevented." Fifty-eight percent of the respondents in the current study responded to the preventable-not preventable item for the MENTALLY RETARDED PEOPLE target in the middle (neutral) category or toward the "not preventable" pole. Similarly, "calculated on a Tri-State basis, 31% of the respondents thought mental retardation could be cured so that the person would have normal intelligence" (p. 32). Thirty-three percent of the present respondents marked toward the "curable" pole of the curable-incurable item for the MENTALLY RETARDED PEOPLE target. Finally, "6% of the respondents did not distinguish between mental retardation and mental illness [in defining mental retardation, and] ... at least one-third of the respondents in all but five counties believed the statement 'Most mentally retarded people are mentally ill' to be true" (p. 32). In response to the MENTALLY RETARDED PEOPLE target, 11% of present respondents marked toward the "crazy" pole of rational-crazy and 18% toward the "insane" pole of insane-sane.

Final Item Selection and Perspective Formation

A principle components factor analysis was applied to the item saliences to identify empirically-related and -differentiated items. The principle components analysis was repeated on the raw MENTALLY RETARDED PEOPLE, specific retarded, and nonretarded target items. The final items were selected to yield the most consistent results, to be representative of their respective factors as indicated by higher factor loadings, and to be conceptually relevant for their respective perspectives. Eight perspectives, each represented by two items, were retained. The perspectives themselves can be grouped into three categories:

A. Characteristics attributed to the target group.

1. Competency Attribution Perspective

   incompetent-competent
   awkward-skilled

2. Emotional Disturbance Attribution Perspective

   rational-crazy
   insane-sane

3. Affect Attribution Perspective

lonely-not lonely
unhappy-happy

B. Feelings about the target group.

4. Social Distance Perspective

conforming-deviant
familiar-strange

5. Distaste Perspective

punishing-rewarding
shameful-prideful

C. Perceived prognosis for the target group.

6. Prevention Expectations Perspective

preventable-not preventable
inevitable-avoidable

7. Medical Expectations Perspective

healthy-sick
incurable-curable

8. Habilitation Expectations Perspective

hopeless-hopeful
inhuman-human

Since the final selection of items included some items respondents reported to be troublesome, an analysis of response patterns was made before continuing with the in-depth analysis. Several respondents reported anger at being asked to respond to the item "inhuman-human," and others had difficulty applying "preventable-not preventable" and "inevitable-avoidable" to individual targets or "incurable-curable" to nonretarded targets. Nonetheless, few respondents actually omitted the items in question. Column 1 of Table 1 shows the number of blanks (nonresponses) to the MENTALLY RETARDED PEOPLE target; column 2 shows the number who omitted each item on any of the specific retarded or nonretarded targets forms used in the calculation of item saliences. The target, MYSELF, was especially troublesome for the most difficult items, and those items should be used only with the utmost caution in the future with that target. Columns 4, 7, 8, 11, and 12 through 14 show further that item means varied reasonably from target to target.

TABLE 1. MEAN RESPONSE TO SELECT TARGETS BY ITEM[1]

ITEM	Blanks		TARGET[2]											
	MR	Sal.	MR	MD	(MD) MR	(SV) MR	SV	CD	(CD) MR	(AD) MR	AD	PG	ME	ID
awkward-skilled	0	3	-.82	.20	-.57	-1.17	-1.58	-.75	-.76	-.92	-.63	1.22	1.68	2.53
incompetent-competent	1	4	.09	1.29	.30	-.25	-1.16	.15	.06	.10	.05	1.57	2.23	2.74
rational-crazy	0	5	.38	1.00	.49	.23	.15	.25	.36	.49	.44	1.18	1.90	2.40
insane-sane	1	6	.89	1.09	.99	.78	.13	.78	1.02	.71	.64	1.33	2.18	2.40
lonely-not lonely	0	3	-.89	-.53	-.84	-.92	-1.04	-.20	-.84	-.92	-1.71	.03	1.07	1.88
unhappy-happy	0	5	.53	.88	.55	.48	-.09	.60	.69	.10	.32	.90	1.86	2.49
conforming-deviant	2	4	.39	1.01	.48	.29	-.51	.20	.42	.37	.49	1.34	.89	.85
familiar-strange	0	6	.32	.73	.40	.18	-.23	.48	.40	.00	.14	1.45	1.45	1.28
punishing-rewarding	1	6	.78	.80	.83	.75	.14	.75	.93	.45	.46	1.02	1.13	1.88
shameful-prideful	0	6	.46	.65	.57	.33	.03	.60	.61	.20	.37	1.14	1.59	1.90
preventable-not prevt.	0	8	.22	.55	.34	.08	-.13	-.05	.23	.22	-.43	-.06	.07	.19
inevitable-avoidable	0	8	-.06	-.13	-.11	.03	-.37	-.07	-.15	.10	-.29	-.64	-.20	-.15
healthy-sick	0	4	.09	.83	.20	-.08	-.70	.00	.14	-.12	-.05	1.31	2.30	2.65
incurable-curable	0	5	-.23	.57	.11	-.65	-1.04	-.11	.04	-.76	-.62	.73	.76	.83
hopeless-hopeful	0	5	1.08	1.81	1.33	.70	-.65	1.33	1.14	.92	.39	1.60	2.14	2.74
inhuman-human	1	4	2.53	2.56	2.54	2.49	2.03	2.47	2.51	2.55	2.41	2.52	2.78	2.89
N	158	158	158	76	89	66	79	82	105	49	79	103	100	113

[1] Scores are coded about a midpoint of 0 for easy interpretation. Seven-point scores range from +3 (extreme point for the pole underlined) to -3. Blanks are omitted.

[2] Key: MR mentally retarded target
MD mildly retarded target
SV severely retarded target
CD children target
AD adult target
PG people in general target
ME myself target
ID ideal person target
Sal. salience

Terms in parentheses refer to respondents' replies when asked what kind of person "pops into" their mind when they think of mentally retarded people.

Table 1 also includes data for evaluating responses to the unspecific MENTALLY RETARDED PEOPLE target. Column 3 lists item means for the total sample in response to that target. Columns 5 and 6, and 9 and 10, list mean item responses to the MENTALLY RETARDED PEOPLE target for those respondents who said the type of mentally retarded persons who "pops into my mind" was mildly (severely) retarded and a child (adult), respectively.

Responses to MENTALLY RETARDED PEOPLE were influenced to some extent by the degree of severity of retardation assigned to that image by respondents, and the nonspecific target calls to mind someone between mildly and severely retarded or perhaps an "average" of that range.

Respondents barely distinguished age of the target. These results are consistent with those reported by Gottlieb and Siperstein (1976) in their comparison of target referents.

Because the respondents made relatively little distinction between the MENTALLY RETARDED CHILDREN and ADULTS targets, no further tabulations were made for them. Likewise, responses to the IDEAL PERSON target were so stereotypically consistent and responses to MYSELF so idiosyncratic that no further tabulations were made for either. PEOPLE IN GENERAL appears to function as a target similarly to the retardation targets in its ability to elicit social imagery. As noted above, mean responses to all targets conformed to "reasonable" expectations and all specific targets contributed to the calculation of item and perspective saliences.

The Perspectives in Depth

Competency Attribution.

The Competency Attribution perspective locates the respondent's image of the target on a continuum of perceived effective ability to get things done. The component items are awkward-skilled and incompetent-competent. Other saliences in the original item pool which ranked high on the same factor help anchor the "meaning" of the perspective. They included independent-dependent, nervous-confident, helpless-self-reliant, bright-dull, and strong-weak.

Competency Attribution holds a central position in the usual formal definitions of mental retardation. For example, the American Association on Mental Deficiency (Grossman, 1977) defines mental retardation as "significantly subaverage general intellectual functioning existing concurrently with deficits in ... [the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group], and manifested during the developmental period" (p. 148, with a definition of adaptive behavior inserted from p. 122). However, the factor was third in its overall contribution to explained variance for the original 45 item saliences, and second when the final 16 items were forced to

form 8 factors. It is immediately apparent that more than the formal definition is carried in the respondents' images of mentally retarded persons.

Table 2 shares a general format with tables in succeeding sections and will be explained in detail here. The right-hand panel displays data for the perspective, in this case Competency Attribution. Raw perspective scores are calculated as the sum of the scores for the component items (rescored with the more positive pole high, where necessary). Perspective saliences are the geometric mean of component item saliences. Data based on the component items are shown in the first two panels. Respondent characteristics have been categorized in terms of acceptance of retarded persons, experience with retardation, social status, and personal variables.

Kendall's tau (τ) was used as the measure of association because the respondent characteristics were measured as ordinal variables. Associations shown were calculated between the respondent characteristic listed in the left-hand column and the item or perspective raw score or salience with respect to the target listed at the top of the table. Because of the large numbers of very small cells in the tabulations of Job and Family experience with retardation, they are reported only for the MENTALLY RETARDED PEOPLE target and for salience, both of which are based on the full sample.

In Table 2, the more closely respondents had been affiliated with retarded persons, the less they attributed incompetency to retarded or nonretarded targets. More intimate Acquaintance was consistently positively associated with the "competent" pole, though insignificantly for the awkward-skilled item with respect to the MILD and SEVERE targets. The lack of significant associations between Acquaintance and the salience measures echoes the same conclusion: respondents with intimate experience with retarded persons do not differentiate less between retarded and nonretarded targets in terms of Competency Attribution; they attribute greater competence to everyone.

TABLE 2. COMPETENCY ATTRIBUTION BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Awkward-Skilled					Incompetent-Competent					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.23[c]	.05	.12	-.01	-.14[b]	.22[c]	.30[b]	.32[c]	.05	-.24[d]	.24[c]	.22[a]	.24[b]	-.01	-.21[c]
Experience with Retardation															
Acquaintance	.15[a]	.09	.09	.14[a]	.00	.22[c]	.20[a]	.30[c]	.20[b]	-.09	.24[c]	.21[a]	.23[b]	.22[b]	-.05
Job: severe	.05	—	—	—	.03	.12	—	—	—	.00	.10	—	—	—	.00
Job: mild	.11[b]	—	—	—	-.05	.06	—	—	—	-.04	.08[a]	—	—	—	-.05
Job: adult	.08	—	—	—	.01	.16[b]	—	—	—	.00	.15[b]	—	—	—	.02
Job: child	.14[a]	—	—	—	-.01	.12	—	—	—	-.05	.07	—	—	—	-.07
Family: mild	.03	—	—	—	.00	.07[a]	—	—	—	-.01	.07[a]	—	—	—	.02
Family: child	.05[a]	—	—	—	.04	.03	—	—	—	.06[a]	.04	—	—	—	.05
Field	.03	-.11	-.09	.10	.05	.08	.06	.07	.08	.08	.08	.00	.03	.13	.07
Occupational Field	.12	-.17	-.03	.07	.05	.12[a]	.08	.15	.16[a]	.08	.07	-.04	.08	.15[a]	.06
Educational Field	.24[c]	.10	-.07	.05	-.17[a]	.27[d]	.16[a]	-.02	.40[b]	-.09	.14[a]	.23	-.06	.15[a]	-.17
Organization Type	.05	-.07	-.18	.02	.18[a]	.14	.15	.06	.11	.12	.15	-.01	-.10	.09	.15
Organizations Known	.05	.07	-.05	.00	-.03	.06	.15	.11	.06	-.08	.08	.16[a]	.06	.04	-.09
Social Status															
Education	-.05	-.02	-.07	-.21[b]	-.04	-.04	-.02	-.11	-.32[c]	.02	-.09	-.03	-.11	-.24[b]	-.04
Student Level	-.05	-.06	.16	-.16	.05	-.13	-.12	.11	-.34[b]	.04	-.10	-.11	.10	-.27[b]	.00
Occupational Rank	.04	-.11	-.04	-.21[a]	-.15[a]	.08	.06	-.08	-.25[b]	-.11	-.02	-.07	-.09	-.27[b]	-.14[a]
Personal															
Age	-.03	-.22[a]	.00	.04	.12[a]	-.09	-.05	.04	.12[a]	.08	-.08	-.11	.03	.09	.10
Sex	.13	.16	-.08	.02	.03	.18[a]	.11	.00	.16	.05	.21[b]	.14	-.05	.09	.04
Number Organizations	-.04	.08	-.21[a]	-.06	-.08	.02	.17[a]	.02	-.02	-.11	-.01	.14	-.09	-.04	-.12[a]

[a] $p < .05$; [b] $p < .01$; [c] $p < .001$; [d] $p < .0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

An interesting contrast is provided by the Closest Relationship data. Respondents who said they were willing to form closer relationships with retarded people also rated retarded targets as more competent and skilled, but they did not differ significantly in the competency they attributed to nonretarded targets. They accordingly differentiated less between retarded and nonretarded targets, as reflected in the significant negative associations between Closest Relationship and the salience measures. In this context we note the strong tendency for respondents who attributed the greatest competency to retarded persons to differentiate least between retarded and nonretarded targets (awkward-skilled $\uparrow = -.35$; incompetent-competent $\uparrow = -.32$; perspective $\uparrow = -.36$; all $p < .0001$).

Social status had virtually an opposite effect on Competency Attribution. Higher status respondents, as measured in terms of either occupational or educational level, attributed less competency to PEOPLE IN GENERAL but did not differ in respect to the retarded targets.

Emotional Disturbance Attribution.

People vary in the extent to which they expect mentally retarded people to be characterized by a general emotional deficit. The items representing the Emotional Disturbance Attribution perspective are rational-crazy and insane-sane. Other items in the original salience pool with high loadings on the same factor were moral-immoral, stupid-intelligent, superior-inferior, and wrong-right.

The independence, inter-dependence or identity of mental retardation and emotional disturbance is problematic to scholars and a source of confusion in popular representations. According to Balthazar and Stevens (1975), "Although they may have been at various times perceived as being separate entities, it is our contention that this is not necessarily the case. A more realistic appraisal of contemporary society and its historical past make this approach, which is based upon the unitary and independent nature of the two, impractical" (p. 10). Individual images may range from the presumption that mental retardation and emotional disturbance can never occur in the same person (a presumption underlying the provision of separate treatment facilities for the two populations), to the expectation that the phenomena vary independently of one another, to various assumptions of common or mutual causality, to an image which merges into a single phenomenon of mental incapacity.

According to Table 3, respondents who were least willing to form close relationships with retarded persons attributed the greatest emotional disturbance to them. They did not differ from other respondents in their application of this perspective toward PEOPLE IN GENERAL. Not surprisingly, then, Emotional Disturbance Attribution is most salient to them.

TABLE 3. EMOTIONAL DISTURBANCE ATTRIBUTION BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Rational-Crazy					Insane-Sane					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.16[b]	.11	.24[b]	.00	-.14[b]	.20[b]	.29[c]	.24[b]	-.04	-.23[d]	.17[b]	.23[b]	.27[b]	.00	-.20[c]
Experience with Retardation															
Acquaintance	.07	.12	.12	.12	.08	.13[a]	.16[a]	.20[a]	.13[a]	.02	.10	.14	.17[a]	.12	.05
Job: severe	.02	—	—	—	.13	.02	—	—	—	.01	.00	—	—	—	.10
Job: mild	-.01	—	—	—	-.03	.05	—	—	—	.03	.04	—	—	—	-.03
Job: adult	.03	—	—	—	.05	-.02	—	—	—	.03	.00	—	—	—	.03
Job: child	.08	—	—	—	.02	.04	—	—	—	.01	.08	—	—	—	.01
Family: mild	.03	—	—	—	.00	.05	—	—	—	.00	.05	—	—	—	-.01
Family: child	.00	—	—	—	.02	.07[a]	—	—	—	.06[a]	.05	—	—	—	.04
Field	.00	-.06	.16[a]	.06	.04	.04	.04	.17[a]	.10	-.02	.07	-.02	.18[a]	.10	.01
Occupational Field	.06	-.12	.24[b]	.06	.05	.07	-.04	.20[a]	.10	-.04	.09	-.11	.19[a]	.08	.02
Educational Field	.13[a]	.05	.00	.09	-.09	.16[b]	.21	.11	.20	-.09	.17[a]	.08	.08	.19	-.11
Organization Type	.07	-.08	.13	.07	.13	.03	.08	.18	.17	.07	.06	-.01	.19	.15	.15
Organizations Known	.06	.01	.14[a]	.03	-.06	.11	.01	.10	.09	.01	.08	-.01	.15	.08	-.03
Social Status															
Education	-.10	.01	.06	-.20[a]	.00	-.08	-.15	.00	-.18[b]	-.02	-.09	-.06	.05	-.21[b]	.00
Student Level	-.21[a]	.03	.28[a]	-.07	.12	-.13	-.22[a]	.24[a]	-.17	.11[b]	-.19[a]	-.13	.33[b]	-.14	.13
Occupational Rank	-.13[a]	-.09	.05	-.24[b]	-.12	-.14[a]	-.25[a]	-.06	-.20[a]	-.21	-.17[a]	-.22[a]	.02	-.23[a]	-.17[a]
Personal															
Age	.05	.06	.21[b]	.14[a]	.02	.06	-.02	.08	.16[a]	.02	.06	.02	.18[a]	.15[a]	.05
Sex	.08	.06	-.06	.06	.17[a]	.12	.32[b]	.10	.10	.06	.11	.22[a]	.04	.10	.08
Number Organizations	-.03	.19[a]	.01	-.01	-.06	.00	.19[a]	-.04	.07	-.04	-.01	.19[a]	.03	.04	-.01

[a] $p<.05$; [b] $p<.01$; [c] $p<.001$; [d] $p<.0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

Intimate Acquaintance with mentally retarded persons may temper the attribution of emotional disturbance toward all targets. However, differential formal exposure to different levels of severity of retardation appears to interact with other respondent characteristics. That is, Educational Field was significantly related to the attribution of emotional disturbance only for the unspecific MENTALLY RETARDED PEOPLE target, and Occupational Field was related significantly to the perspective only for the SEVERELY RETARDED PEOPLE target. The subpopulation for the Educational Field measure was current students, whose relevant coursework relating to retardation tends to be relatively diffuse and to deal primarily with less severe manifestations of retardation. The subpopulation for the Occupational Field measure was currently employed respondents whose experience, for those whose

jobs relate to retardation, was much more characteristically with severely or profoundly retarded people. In either case, the respondents working most closely to retardation attributed the least emotional disturbance to the respective targets.

Respondents holding higher-status occupational positions attributed more emotional disturbance to both retarded and nonretarded targets (except SEVERE). Emotional Disturbance Attribution was more salient for distinguishing retarded from nonretarded targets for lower-status respondents who attributed very little emotional disturbance to non-retarded targets. For both items and for the perspective, saliences were very strongly related to the attribution of emotional disturbance to MENTALLY RETARDED PEOPLE (rational-crazy $\tau = -.27$; insane-sane $\tau = -.30$; perspective $\tau = -.30$; all $p < .0001$).

The respondent characteristics, Education and Sex, mimic the findings for Occupational Rank, though less consistently. Because the results are more consistent for Occupational Rank, because these variables are interrelated, and because this sample cannot support controls among these variables, the data may be said to suggest these relationships are all due to the effect of Occupational Rank on the differential applications of the perspective. Upper level students attributed considerably more emotional disturbance to SEVERELY RETARDED PEOPLE than did lower level students. The pattern for Age seems to reflect both the status difference described for Occupational Rank and the experience difference found for the Educational and Occupational Field measures. There is no indication Age exerts an independent effect in these data.

Affect Attribution.

Do retarded people have the same range of feelings as nonretarded people? Does lowered intelligence make a person less critical of circumstances a nonretarded person would find unacceptable? Are retarded people perpetually happy? The Affect Attribution perspective provides a clue to individuals' responses to issues like these. The two items picked to represent the perspective were happy-unhappy and lonely-not lonely. The other items that appeared in the same factor round out

a "poor little orphan" image: dangerous-safe, respectable-not respectable, and neglected-protected.

Affect Attribution ranked low as a factor and was initially classified as a miscellaneous or optional perspective. Not only was its overall contribution relatively minor, but the two items representing the perspective are not easily related to respondent characteristics (Table 4). There were no shared statistically significant associations.

TABLE 4. AFFECT ATTRIBUTION BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Lonely-Not Lonely					Unhappy-Happy					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.08	.13	-.09	-.01	-.09	.14[a]	.17[a]	.31[c]	.06	-.18[b]	.15[a]	.14[a]	.12	.00	-.13[a]
Experience with Retardation															
Acquaintance	-.02	-.05	-.11	.02	.01	.18[b]	.18[a]	.10	.23[b]	-.11	.08	.06	.03	.12	-.05
Job: severe	-.02	—	—	—	.09	.13[a]	—	—	—	-.03	.02	—	—	—	.03
Job: mild	.06	—	—	—	-.03	.02	—	—	—	.01	.05	—	—	—	-.02
Job: adult	.08	—	—	—	-.06	.06	—	—	—	.02	.08	—	—	—	-.05
Job: child	.02	—	—	—	.07	.09	—	—	—	.02	.07	—	—	—	.02
Family: mild	.03	—	—	—	.01	.11	—	—	—	-.04	.09[b]	—	—	—	.02
Family: child	.04	—	—	—	.01	.05	—	—	—	.00	.05[a]	—	—	—	.03
Field	-.03	-.15[a]	-.03	.02	.00	.09	.13	.14[a]	.14[a]	-.13[a]	.01	.01	.09	.10	-.07
Occupational Field	-.04	-.25[a]	-.07	.04	.00	.17[b]	.09	.26[b]	.13[b]	-.13	-.04	-.11	.15	.14[b]	-.10
Educational Field	.08	.02	-.05	.11	.03	.13[a]	.17	.01	.21[b]	.03	-.01	.12	.00	.19[b]	.00
Organization Type	.11	.00	.15	.18	.06	.01	.14	.03	.20[a]	.03	.02	.06	.07	.21[a]	.03
Organizations Known	-.05	-.06	-.09	-.05	.01	.00	.02	-.06	.18[a]	.00	-.03	-.01	-.07	.09	.02
Social Status															
Education	.03	-.12	-.01	.04	-.05	-.06	-.16[a]	.00	-.06	-.10	-.03	-.14	-.01	.00	-.08
Student Level	-.06	-.14	-.14	-.07	-.06	-.06	-.26[a]	.04	-.09	-.12	-.07	-.20[a]	-.07	-.09	-.07
Occupational Rank	.03	-.10	.05	.08	-.08	-.11	-.20[a]	.10	-.15	.00	-.11	-.25[a]	.11	.00	-.07
Personal															
Age	.00	-.08	-.02	.09	.02	.00	-.17[a]	.04	.10[b]	-.10	-.05	-.12	-.02	.14[a]	-.01
Sex	-.01	.10	-.10	-.03	.09	.11	.14	.08	.25[b]	.01	.06	.14	-.01	.12	.02
Number Organizations	-.05	-.15	-.03	-.11	-.06	.01	.07	-.05	-.03	-.11	.00	.01	-.04	-.11	-.09

[a]$p<.05$; [b]$p<.01$; [c]$p<.001$; [d]$p<.0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

For the most part, the direction of association was the same, but even that was not always the case. (For example, people whose Occupational Field involves retardation believe retarded people are lonelier but happier than other respondents.) The only fully consistent statement that can be made is that item and perspective saliences were strongly negatively related to the respective raw responses to MENTALLY RETARDED

PEOPLE indicating that respondents who distinguished least between retarded and nonretarded targets in terms of affect attributed more positive feelings (happy, not lonely) to nonretarded targets (lonely-not lonely $\uparrow$ = -.34; unhappy-happy $\uparrow$ = -.33; perspective $\uparrow$ = -.27; all $p < .0001$).

Social Distance.

The Social Distance perspective measures how "different" people feel the target group is from themselves. The items representing the perspective are conforming-deviant and familiar-strange. Other items ranking high on the same factor were different-alike, special-ordinary, dangerous-safe, asexual-oversexed, rare-common, and sacred-profane.

TABLE 5. SOCIAL DISTANCE BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Conforming-Deviant					Familiar-Strange					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.05	.14[a]	.02	.07	-.13[a]	.25[d]	.25[b]	.30[c]	-.04	-.20[c]	.22[c]	.19[a]	.19[b]	.05	-.18[b]
Experience with Retardation															
Acquaintance	.19[b]	.17[a]	-.10	.06	.06	.34[d]	.29[b]	.31[c]	.10	-.11	.34[d]	.29[b]	.19[a]	.10	-.03
Job: severe	.26[c]	—	—	—	-.03	.22[b]	—	—	—	-.14[a]	.29[c]	—	—	—	-.05
Job: mild	.02	—	—	—	.06	.02	—	—	—	.02	.02	—	—	—	.04
Job: adult	.05	—	—	—	.01	.06	—	—	—	-.09	.07	—	—	—	-.04
Job: child	.06	—	—	—	-.09	.11[a]	—	—	—	.00	.12[a]	—	—	—	-.03
Family: mild	.05	—	—	—	.03	.05	—	—	—	.01	.05	—	—	—	.00
Family: child	.03	—	—	—	.06[a]	.02	—	—	—	.06[a]	.03	—	—	—	.06[a]
Field	.18[b]	.07	-.18[a]	.01	-.05	.24[c]	.00	.24[b]	-.03	-.15[b]	.27[d]	.02	.12	.03	-.10
Occupational Field	.12[a]	.15	-.14	.03	.10	.25[c]	.01	.28[b]	-.03	.11	.27[d]	.06	.15	-.04	.11
Educational Field	-.01	.09	-.15	.10	.24[a]	.00	.18[a]	.09	.19	.25[b]	.06	.17[a]	-.03	.13[a]	.25[a]
Organization Type	.08	.09	-.06	-.10	-.03	.14[b]	.23[a]	-.33[b]	.01	-.04	.11	.18	.18	-.07	.01
Organizations Known	-.05	.10	-.14	.07	-.06	.20[b]	.11	.13	-.01	-.05	.11[a]	.13	.05	.04	-.03
Social Status															
Education	-.12[a]	-.10	-.10	-.10	-.11[a]	.05	-.07	-.01	.10	-.06	-.09	-.04	-.04	-.11	-.05
Student Level	-.07	-.26[a]	-.18	-.10	.05	.04	-.07	.16	-.15	-.03	-.02	-.23[a]	.04	-.10	.01
Occupational Rank	-.16[a]	-.14	.05	-.19[a]	-.16[a]	.02	.02	.03	-.22[a]	-.16[a]	-.06	-.11	.05	-.21[a]	-.14[a]
Personal															
Age	.04	-.08	-.13	.07	.03	.03	-.08	.05	.11	-.05	.04	-.12	-.03	.09	.00
Sex	.12	.01	-.13	-.02	.03	.10	.16[a]	.12	.07	-.01	.13	.10	.03	.02	.00
Number Organizations	-.02	.17	-.05	.07	-.06	.14[a]	.21[a]	.08	.01	-.01	.06	.24[a]	.09	.03	-.02

[a] $p < .05$; [b] $p < .01$; [c] $p < .001$; [d] $p < .0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

Table 5 indicates respondents who had experience with retarded people or training related to them and respondents who were willing to have closer relationships with retarded persons were characterized by less Social Distance from them. They did not differ in Social Distance from PEOPLE IN GENERAL. Closest Relationship was related to saliences for both items and the perspective as well as to most raw scores for the retarded targets.

Two other conclusions stand out in Table 5. First, the Social Distance perspective was more salient to lower-status respondents. Higher-status respondents reported greater distance from PEOPLE IN GENERAL than lower status, but the discrepancy was even greater for the retarded targets. The remaining point is that for familiar-strange ($\uparrow$= -.30, $p<.0001$) and the perspective ($\uparrow$= -.21, $p<.001$), but not for conforming-deviant ($\uparrow$= .01, $p>.05$), greater salience corresponded to greater Social Distance from MENTALLY RETARDED PEOPLE. Nonretarded persons were adjudged (on the average) to be between the poles of deviant and conforming, so that a curvilinear relationship exists between the raw responses to MENTALLY RETARDED PEOPLE and salience for that item.

Distaste.

Just as the Social Distance perspective measures perceived similarity or dissimilarity to a target group, the Distaste perspective measures an affective component. This perspective measures respondents' positions on a continuum ranging potentially from revulsion or distaste toward the target group to nurturance. The two representative items are shameful-prideful and punishing-rewarding. Other items whose saliences loaded on the same factor were obvious-subtle, worldly-unworldly, wrong-right, reassuring-frightening, beautiful-ugly, lonely-not lonely, and nervous-confident.

For the most part, the pattern evident in Table 6 is a familiar one. Respondents lacking experience or training in retardation, or shunning close relationships with retarded persons, express more Distaste toward retarded targets. Higher status respondents express more Distaste toward PEOPLE IN GENERAL than lower status respondents. Familiarity

with organizations serving retarded persons is associated with less expressed Distaste toward retardation, suggesting that more nurturant respondents are better informed about helping resources. Distaste is less salient to respondents who report belonging to more organizations (regardless of type) as well as to respondents with more openness toward retardation.

TABLE 6. DISTASTE BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Punishing-Rewarding					Shameful-Prideful					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.19[c]	.28[b]	.37[d]	.04	-.10[a]	.22[d]	.21[a]	.28[b]	.00	-.21[c]	.24[d]	.25[b]	.39[d]	.02	-.20[c]
Experience with Retardation															
Acquaintance	.17[b]	.31[c]	.24[b]	.23[b]	.02	.20[c]	.30[c]	.17[a]	.03	-.12[a]	.26[d]	.33[c]	.26[b]	.11	-.06
Job: severe	.11	—	—	—	-.06	.08	—	—	—	-.14[a]	.10	—	—	—	-.05
Job: mild	.06	—	—	—	.01	.04	—	—	—	.01	.04	—	—	—	-.02
Job: adult	-.04	—	—	—	-.07	.03	—	—	—	-.02	.00	—	—	—	-.07
Job: child	.15[b]	—	—	—	.01	.13[a]	—	—	—	-.06	.15[a]	—	—	—	-.03
Family: mild	.09[a]	—	—	—	.03	.05	—	—	—	.00	.09[a]	—	—	—	.00
Family: child	.06[a]	—	—	—	.08[b]	-.03	—	—	—	.03	.03	—	—	—	.06[a]
Field	.15[b]	.01	.26[c]	.08	-.12[a]	.07	.15	.10	-.03	-.08	.12[a]	.07	.23[b]	.00	-.08
Occupational Field	.26[d]	.04	.37[c]	.07	-.13	.09	.15	.15	-.05	-.09	.18[a]	.01	.32[b]	-.02	-.12
Educational Field	.21[c]	.11	.11	.12	.06	.11[a]	.12	-.02	.33[b]	.07	.09	.13	.10	.17[a]	.04
Organization Type	.15[b]	.08	.11	.04	-.03	.09	.06	.13	.05	-.02	.13	.09	.19	.02	.05
Organizations Known	.18[b]	.08	.12	.20[b]	-.05	.05	.06	.00	.02	-.07	.12[a]	.10	.10	.11	-.07
Social Status															
Education	.02	-.01	-.05	-.05	-.11	-.07	-.13	-.11	-.25[b]	-.03	-.10[a]	-.04	-.06	-.21[b]	-.07
Student Level	-.01	-.02	.00	-.20[a]	-.09	-.12	-.09	.12	-.28[a]	.03	-.08	-.03	.07	-.35[b]	.00
Occupational Rank	.02	-.07	.01	-.17[a]	-.03	-.11	-.19[a]	-.06	-.29[b]	-.04	-.14[a]	-.18	-.10	-.24[a]	-.08
Personal															
Age	.02	-.09	.04	.17[a]	-.03	-.03	.05	.10	.07	.00	-.04	-.03	.06	.08	.01
Sex	.16[a]	.04	.17[a]	.14	.11	.08	-.03	.01	.12	.08	.15[a]	-.01	.13	.17	.12
Number Organizations	.12[a]	.23[a]	.14	.05	-.11	.01	.25[b]	.14	-.01	-.16[a]	.06	.25[b]	.16	.01	-.16[a]

[a] $p<.05$; [b] $p<.01$; [c] $p<.001$; [d] $p<.0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

Saliences are significantly negatively related to raw scores for the perspective ($\uparrow = -.23$, $p<.001$) and for shameful-prideful ($\uparrow = -.23$, $p<.001$). The relationship between the raw and salience scores for punishing-rewarding is also negative, but nonsignificant ($\uparrow = -.09$, $p>.05$). Closer examination of the data shows that as raw scores approach the "punishing" pole from the midpoint saliences increase, but saliences are relatively similar for all raw scores on the "rewarding" end of the continuum.

Prevention Expectations.

The Prevention Expectations perspective is the first of three perspectives addressing prognoses or "solutions" to mental retardation. The continuum represented by the perspective ranges from acceptance of retardation as not amenable to human control to the belief that all mental retardation could be avoided with sufficient effort. The specific mechanisms of prevention are not addressed by the measure and presumably include medical controls such as improved prenatal care, genetic screening backed by abortion, and biochemical or surgical "correction" to congenital conditions; social prevention such as adequate stimuli for infants and children and avoidance of incest-based pregnancies; and religious prevention such as prayer or avoidance of sin. The two items representing the perspective are inevitable-avoidable and preventable-not preventable. The only other items whose saliences loaded on the same factor were rare-common, and incurable-curable.

TABLE 7. PREVENTION EXPECTATIONS BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Preventable-Not Preventable					Inevitable-Avoidable					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.10	.11	.20[a]	.01	.04	-.05	.04	.19[a]	-.19[a]	.03	.06	.12	.23[b]	-.13	.01
Experience with Retardation															
Acquaintance	.24[c]	.23[b]	.12	-.03	.06	.04	.15	.19[a]	-.03	.04	.20[c]	.26[b]	.20[a]	-.01	.02
Job: severe	.04	—	—	—	-.07	-.05	—	—	—	-.11	.02	—	—	—	-.06
Job: mild	.12[b]	—	—	—	.07	.08[a]	—	—	—	.03	.13[b]	—	—	—	.04
Job: adult	-.02	—	—	—	.03	.03	—	—	—	-.08	.01	—	—	—	.00
Job: child	.12[a]	—	—	—	.02	.05	—	—	—	.02	.13[a]	—	—	—	.02
Family: mild	.03	—	—	—	.03	-.05	—	—	—	.05	-.01	—	—	—	.04
Family: child	.07[a]	—	—	—	.08[b]	.01	—	—	—	.02	.04	—	—	—	.05[a]
Field	.09	.01	.09	-.02	-.11[a]	.07	.09	-.05	.08	-.03	.11[a]	.04	.09	.06	-.10
Occupational Field	.09	-.09	.11	-.09	-.09	.05	.13	.01	.04	-.03	.09	.00	.11	.03	-.09
Educational Field	.04	.08	-.05	-.10	-.12[a]	-.03	-.08	-.14	-.14[a]	.09	.01	.05	-.10	-.10	.00
Organization Type	.14[a]	.11	.04	-.09	.21[a]	.06[a]	.16	.06	-.10	.09	.16[a]	.16	.03	-.13	.18[a]
Organizations Known	.13[a]	.11	.11	.05	.09	.12[a]	.00	.00	-.06	.06	.15[a]	.13	.09	-.03	.06
Social Status															
Education	.08	.17[a]	.03	-.15[a]	-.05	.12[a]	.17[a]	-.04	.02	-.04	.10	.20[a]	.03	-.09	-.06
Student Level	.10	.13	.21	.01	.01	.19[a]	.17	.13	.09	-.06	.15[a]	.14	.19	.07	-.01
Occupational Rank	.11	.06	-.06	-.17[a]	-.10	.07	.11	-.07	-.03	.02	.11	.08	-.08	-.11	-.08
Personal															
Age	-.09	-.09	-.01	.02	-.09	-.01	.02	-.01	-.09	-.14[a]	-.09	-.08	.00	-.05	-.15[a]
Sex	.25[b]	-.06	-.06	.05	-.02	.04	.01	.00	-.09	.10	.23[b]	.02	-.04	.00	-.02
Number Organizations	-.10	-.05	-.14	-.06	-.03	-.08	.03	-.11	-.05	-.09	-.10	-.03	-.13	-.08	-.04

[a] $p<.05$; [b] $p<.01$; [c] $p<.001$; [d] $p<.0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

Table 7 indicates Prevention Expectations may be a function of knowledge about retardation and its causes. For example, although the positive relationships between Field and Organization Type, respectively, and the two items for MENTALLY RETARDED PEOPLE are not significant, both relate significantly positively to the perspective. Organizations Known and a Job with a mildly retarded person are also positively related to the perspective for that target. Other experience variables similarly contribute to Prevention Expectations through one variable or another. Advanced education appears to enhance the belief mental retardation can be prevented, as illustrated in the patterns of association for both Education and Student Level. Willingness to enter a close relationship with a retarded person is associated with the belief that severe retardation can be prevented.

The Prevention Expectations perspective was more salient to family members of retarded children, to members of organizations dealing with retardation, and to younger respondents. (The item preventable-not preventable was least salient to respondents in the field of mental retardation.) Salience was significantly related to raw scores for inevitable-avoidable only ($\uparrow$ = .16, $p < .01$). (Preventable-not preventable $\uparrow$ = .07; perspective $\uparrow$ = .07; both $p > .05$.)

Medical Expectations.

The second perspective relating to prognoses for members of the target group concerns the application of a medical model to the phenomenon. The Medical Expectations perspective was represented by the items healthy-sick and incurable-curable. Other items whose saliences loaded substantially on the same factor were worldly-unworldly, neglected-protected, stable-unstable, and sacred-profane. The two items selected ranked first and second on a single factor when item saliences were input, but failed to form a distinct factor in raw score factor analysis for any target.

Respondents who preferred more distant relationships with retarded people attributed greater illness and incurability to them (Table 8). However, the item-by-respondent characteristics pattern revealed some interesting discrepancies in attitude responses. Apparently respondent

groups differentiated according to different criteria responded to the item incurable-curable differently. For, although Closest Relationship was positively related to incurable-curable for the retarded targets (significantly only for SEVERELY RETARDED PEOPLE), various measures of experience with retarded people (Acquaintance, Field, Occupational Field, Organizations Known) were negatively related to that item for MENTALLY RETARDED PEOPLE.

TABLE 8. MEDICAL I[illegible]IONS BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Healthy-Sick					Incurable-Curable					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.19[b]	.12	.14	-.01	-.19[c]	.09	.09	.28[b]	-.04	-.08	.16[b]	.17[a]	.23[b]	.02	-.17[b]
Experience with Retardation															
Acquaintance	.23[c]	.20[a]	.04	.03	.00	-.11[a]	.06	.08	.07	.12[a]	.07	.16[a]	.07	.08	.05
Job: severe	.09	—	—	—	.04	-.06	—	—	—	.01	.03	—	—	—	.06
Job: mild	.08[a]	—	—	—	.00	.03	—	—	—	.09[a]	.06	—	—	—	.02
Job: adult	.03	—	—	—	.03	-.04	—	—	—	.00	.00	—	—	—	.04
Job: child	.12[a]	—	—	—	.00	.00	—	—	—	.10	.06	—	—	—	.04
Family: mild	.02	—	—	—	.03	.00	—	—	—	.05	.01	—	—	—	.03
Family: child	.05	—	—	—	.03	.03	—	—	—	.06[a]	.05	—	—	—	.03
Field	.11[a]	.05	-.02	.06	-.01	-.15[b]	-.16[a]	-.03	-.02	.01	-.05	-.07	-.04	.02	.03
Occupational Field	.08	.02	.00	.08	.03	-.13[a]	-.29[b]	-.05	-.07	.04	-.10	-.17	-.04	.04	.08
Educational Field	.04	.08	.06	.09	-.15	.04	-.03	-.11	.06	-.02	-.04	.04	-.06	.13	-.15
Organization Type	.02	-.13	-.16	.11	.18[a]	-.15	-.01	.00	.07	.23[a]	-.09	-.09	-.12	.11	.20[a]
Organizations Known	.08	.01	-.07	.14[a]	.00	-.15[a]	-.07	-.09	.03	.07	-.05	.00	-.11	.10	.01
Social Status															
Education	-.07	-.15	-.01	-.07	-.06	-.01	.09	-.04	-.16[a]	-.18[b]	-.09	-.03	-.01	-.10	-.11[a]
Student Level	-.04	.02	.02	-.05	-.02	-.16[a]	.02	-.01	-.31[b]	-.04	-.16[a]	.02	.04	-.12	.06
Occupational Rank	-.17[a]	-.28[a]	-.12	-.10	-.13[a]	.04	-.05	.01	-.22[b]	.03	-.12	-.19	-.07	-.12	-.11
Personal															
Age	.01	-.13	-.07	.16[a]	.12[a]	-.09	-.13	-.08	.24[b]	.13[a]	-.05	-.14[a]	-.08	.25[b]	.17[b]
Sex	.14	.24[a]	.10	.07	-.01	-.17[a]	-.14	-.05	.10	.17[a]	-.01	.08	.03	.08	.08
Number Organizations	.02	-.04	-.05	.00	-.09	-.07	.05	.03	.05	-.05	-.01	.00	-.01	.01	-.09

[a]$p<.05$; [b]$p<.01$; [c]$p<.001$; [d]$p<.0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

The perspective was least salient for respondents more willing to form close relationships with retarded persons, for members of organizations dealing with retardation, for respondents with less formal education and for younger respondents. The incurable-curable item was also more salient to respondents with more intimate Acquaintance

with retarded persons and for females. Raw scores for both items and the perspective were negatively related to their respective saliences (healthy-sick $\uparrow$ = -.39, $p<.0001$; incurable-curable $\uparrow$ = -.20, $p<.01$; perspective $\uparrow$ = -.26, $p<.0001$).

Habilitation Expectations.

The factor represented by Habilitation Expectations ranked first in total variance of saliences explained. It measures the extent to which respondents believe the target group is worthy of or amenable to (re)habilitation or training. The items selected for the perspective were hopeless-hopeful and inhuman-human. Other high ranking items on the same factor were dead-alive, useful-useless, nonresponsive-responsive, helpful-burdensome, incompetent-competent, worthless-valuable, respectable-not respectable, and helpless-self-reliant.

TABLE 9. HABILITATION EXPECTATIONS BY RESPONDENT CHARACTERISTICS

RESPONDENT CHARACTERISTICS	TARGET														
	Hopeless-Hopeful					Inhuman-Human					Perspective				
	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.	MR	MD	SV	PG	Sal.
Acceptance of Retarded Persons															
Closest Relationship	.12[a]	.16	.22[b]	.04	-.18[b]	.13[b]	.18[b]	.26[b]	.01	-.17[b]	.13[b]	.23[b]	.25[b]	.05	-.20[c]
Experience with Retardation															
Acquaintance	.16[b]	.17[a]	.23[b]	.24[b]	-.10	.07	.15[a]	.16[a]	.10[a]	-.14[a]	.17[b]	.21[b]	.22[b]	.18[b]	-.15[a]
Job: severe	.09	—	—	—	-.04	.09	—	—	—	-.09	.15[a]	—	—	—	-.07
Job: mild	.07	—	—	—	.02	.00	—	—	—	.01	.03	—	—	—	.01
Job: adult	.10[a]	—	—	—	-.02	.06	—	—	—	.05	.08[a]	—	—	—	-.02
Job: child	.07	—	—	—	.01	.02	—	—	—	-.06	.03	—	—	—	-.03
Family: mild	.13[a]	—	—	—	-.07[a]	.04	—	—	—	-.01	.10[b]	—	—	—	-.07[a]
Family: child	.04	—	—	—	.04	.03	—	—	—	.00	.03	—	—	—	.03
Field	.01	-.02	.02	.11	.06	.06	.09	.14[a]	.09	.11	.05	.05	.11	.06	.04
Occupational Field	.12[a]	.07	.13	.20[a]	.01	.18[c]	.24[a]	.29[a]	.13[a]	-.13[a]	.08	.13	.24[b]	.15[a]	-.03
Educational Field	.17[b]	.02	-.12	.30[a]	.18[a]	.24[d]	.07	-.08	.25[a]	-.05	.02	.07	-.18[a]	.33[b]	.24[a]
Organization Type	.08	.19	.11	.09	.10	.14[a]	.18[a]	.30[a]	.06	-.13	.13	.14	.19	.06	.12
Organizations Known	.05	.05	.14	.08	-.08	.01	.06	.05	.07	-.06	.06	.08	.12	.06	-.09
Social Status															
Education	-.04	.00	.04	-.21[b]	-.03	.03	-.18[a]	.16[a]	-.13	-.08	-.06	-.06	.16[a]	-.22[b]	-.11
Student Level	-.09	.01	.19	-.30[b]	.02	-.02	-.14	.13	-.16[a]	.09	-.06	-.01	.25[a]	-.30[b]	-.07
Occupational Rank	.04	.00	.03	-.23[a]	-.01	.08	-.08	.20	-.06	-.04	.01	-.05	.14	-.22[a]	.07
Personal															
Age	-.04	-.04	.13	.10	.04	.03	-.04	.10	.04	-.04	-.03	.03	.13	.03	-.03
Sex	.11	.08	.05	.07	.02	.13[a]	.06	-.05	.21[b]	-.11	.12	.08	-.08	.23[b]	.05
Number Organizations	-.04	.15	-.02	-.03	-.07	.02	.15[a]	.10	.01	-.09	.02	.21[b]	.07	.00	-.11

[a] $p<.05$; [b] $p<.01$; [c] $p<.001$; [d] $p<.0001$.

Note. See footnote to Table 1 for explanation of abbreviations.

Table 9 indicates both acceptance of and experience with retardation are related to greater expectations of habilitation. Experience with retardation also enhances Habilitation Expectations for PEOPLE IN GENERAL, while higher social status reduces expectations for the same target group. In general, acceptance of retarded persons and experience with them reduce salience of the Habilitation Expectations perspective, but education in a retardation-related field increases it, perhaps because students in retardation-related fields are less likely to hold high expectations for SEVERELY RETARDED PEOPLE. For both items and the perspective, salience was strongly negatively associated with the respective raw scores (hopeless-hopeful $\uparrow = -.24$, $p < .001$; inhuman-human $\uparrow = -.31$, $p < .0001$; perspective $\uparrow = -.30$, $p < .0001$).

Discussion

The discussion will address (a) the use of the sum of all eight perspective raw or salience scores as univariate measures of attitudes toward retarded people, (b) the utility of making distinctions among the eight perspectives, (c) differential responses according to selected respondent characteristics, (d) different response patterns by target, and (e) an overall evaluation of the Social Perspectives Scale.

A common interpretation of the phrase "attitudes toward" is that the underlying continuum is one of favorability toward the specified target. Many measures of attitudes toward retardation available in the literature deliberately focus on favorability, or the results are interpreted as if that were the continuum of importance. Summary measures of favorability may be useful for screening subjects prior to experimental manipulation of attitudes, and they may serve other legitimate purposes.

The eight perspectives correlated highly with one another, with the exception of Prevention Expectations (Table 10, Upper Triangle). The latter was also unrelated to Closest Relationship, the single-value measure of social distance used in the validation survey, and does not seem to be related at all to favorability. The inter-association among

the remaining raw perspectives is probably due to a common underlying condition of favorability toward retarded people. Raw scores could be summed without the inclusion of the Prevention Expectations perspective, but all eight perspectives are summed for the present analysis.

TABLE 10. INTER-ASSOCIATIONS AMONG PERSPECTIVES[1]

	Comp. Attrib.	E.D. Attrib.	Affect Attrib.	Social Dist.	Distaste	Prevent. Expect.	Medical Expect.	Habil. Expect.
Comp. Attrib.	-.36[d]	.37[d]	.17[b]	.50[d]	.36[d]	.05	.35[d]	.43[d]
E.D. Attrib.	.45[d]	-.30[d]	.08	.33[d]	.42[d]	.02	.26[d]	.37[d]
Affect Attrib.	.40[d]	.31[d]	-.27[d]	.13[a]	.21[c]	-.06	.21[c]	.13[a]
Social Dist.	.31[d]	.26[c]	.24[c]	-.21[c]	.34[d]	.09	.30[d]	.43[d]
Distaste	.41[d]	.43[d]	.43[d]	.33[d]	-.23[c]	.03	.41[d]	.37[d]
Prevent. Expect.	.06	.09	.25[c]	.30[d]	.25[c]	.07	.09	.09
Medical Expect.	.44[d]	.36[d]	.36[d]	.33[d]	.39[d]	.29[d]	-.26[d]	.20[b]
Habil. Expect.	.45[d]	.26[c]	.21[b]	.29[d]	.28[d]	.01	.31[d]	-.30[d]

PERSPECTIVE RAW SUMS (Upper Triangle)

PERSPECTIVE SALIENCE SUMS (Lower Triangle)

[1] Diagonal entries are associations between perspective raw and salience sums.

[a] $p<.05$; [b] $p<.01$; [c] $p<.001$; [d] $p<.0001$.

The summed raw measure indicates that, for the present sample, respondents most favorably inclined toward retarded people had greater familiarity with them (for Acquaintance $\gamma = .25$, $p<.001$; Retarded Child in Family $\gamma = .07$, $p<.05$; Mildly Retarded Family Member $\gamma = .08$, $p<.05$; Field $\gamma = .11$, $p<.05$), expressed greater willingness to engage in close relationships with retarded persons (Closest Relationship $\gamma = .23$, $p<.001$), and had lower levels of education and lower-ranked

jobs (Education τ = -.18, $p<.01$; Student Level τ = -.22, $p<.01$; Occupational Rank τ = -.23, $p<.01$). These results are consistent across related measures.

Raw scores reflect a willingness to express certain attitudes toward retarded targets. They are, therefore, partly a product of the respondents' impressions of socially desirable or acceptable statements. Since social expectation is an important factor in attitude-formation and a component of behavior, a measure sensitive to it is not entirely undesirable. The saliences measure the extent to which respondents actually differentiate between retarded and nonretarded targets. The sum of the saliences is negatively related to the sum of the raw scores (τ = -.29, $p<.001$).

In general, perspective saliences were even more closely interrelated than perspective raw scores (Table 10, Lower Triangle). Prevention Expectations salience, like the raw score, did not relate consistently to the other perspective saliences. The summed salience measure was significantly related to only two respondent characteristics. The first, Closest Relationship (τ = -.22, $p<.0001$), indicates that respondents who most shunned close association with retarded persons made the greatest distinction between retarded and nonretarded targets. However, no measure of experience with retardation was significantly related to the summed salience, so neither degree nor type of experience with retarded people altered the overall distinction made between retarded and nonretarded targets, when the perspective saliences were summed together.

The second respondent characteristic associated with the salience sum was Number of Organizational Memberships (τ = -.13, $p<.05$). The association was relatively weak and no parallel measures were included, so it is not possible to tell whether it reflects greater tolerance associated with social and political activism or is simply a random result of examining large numbers of statistical associations.

This project was designed specifically to identify separate perspectives that may be applied toward mental retardation and to examine how different groups of respondents differentially apply those perspectives. If the use of distinct perspectives is to be of theoretical

and empirical value, then response patterns will vary from perspective to perspective. The perspectives in this case were initially differentiated by factor analysis of item saliences, and they have been shown to be generally highly interrelated and probably joined through a common factor of favorability. Table 11 summarizes data from Tables 2-9 to show variations in response patterns among the eight perspectives.

TABLE 11. STATISTICALLY SIGNIFICANT RESPONDENT BY PERSPECTIVE ASSOCIATIONS

RESPONDENT CHARACTERISTICS	MENTALLY RETARDED PEOPLE								SALIENCES							
	Perspective								Perspective							
	Comp. Attr.	E.D. Attr.	Afft. Attr.	Soc. Dist.	Dis-taste	Prev. Exp.	Med. Exp.	Hab. Exp.	Comp. Attr.	E.D. Attr.	Afft. Attr.	Soc. Dist.	Dis-taste	Prev. Exp.	Med. Exp.	Hab. Exp.
Acceptance of Retarded Persons																
Closest Relationship	+	+	+	+	+		+	+	-	-	-	-	-		-	-
Experience with Retardation																
Acquaintance	+			+	+	+		+								-
Job: severe				+				+								
Job: mild	+					+										
Job: adult	+							+								
Job: child				+	+	+										
Family: mild	+		+		+			+								-
Family: child			+									+	+	+		
Field				+	+	+										
Occupational Field				+	+											
Educational Field	+	+										+				+
Organization Type						+								+	+	
Organizations Known				+	+	+										
Social Status																
Education					-										-	
Student Level		-				+	-									
Occupational Rank		-			-				-	-		-				
Personal																
Age														-	+	
Sex	+				+	+										
Number Organizations									-				-			

+ indicates a significant positive association; - indicates a significant negative association.

Since the data in Table 11 have already been described in detail, only a few summarizing comments will be made here. First, although Closest Relationship is related significantly to every raw score and salience except those for Prevention Expectations, the other respondent characteristics related to the summed raw or salience perspective scores are not necessarily related to most perspectives taken individually.

Second, there are variations among gross categories of perspectives. An obvious example is the total lack of significant relationships between the experience measures and any of the saliences for perspectives measuring characteristics attributed to retarded persons. By contrast, a retarded child in the family has a consistent impact on the two perspective saliences regarding feelings about the target group. Third, there are differences between perspectives within each gross category. For example, Type of Organizational membership and Age affect saliences for Prevention and Medical Expectations but not for the less medically-oriented Habilitation Expectations or for any other perspective. Yet the otherwise ubiquitous Closest Relationship is, of course, unrelated to Prevention Expectations.

Table 11 also contains some data pertaining to the differential impact of respondent characteristics. That experience with retarded people is associated with more favorable views of them is well-established (Guskin, 1977), but our data indicate that although Acquaintance is significantly related to several raw perspective scores, it is related to only one perspective salience: Habilitation Expectations. Sex is related only to perspective raw scores, and then possibly only through its relation to Acquaintance ($\uparrow$ = .28, p = .0002); and Age is related only to saliences, specifically saliences of medical prognoses. Occupational Field is related only to the raw scores for the two perspectives concerning feelings about the target. Occupational Rank plays an important part in perspectives relating to characteristics attributed to retarded persons and to feelings about them, but education-related variables and not occupation affect perspectives pertaining to perceived prognoses.

A semantic differential format was used for the Social Perspectives Scale in order to facilitate comparison among target groups of theoretical or empirical interest. The nonspecific target MENTALLY RETARDED PEOPLE is compared in Table 12 to the specific MILDLY and SEVERELY RETARDED PEOPLE targets and the nonretarded PEOPLE IN GENERAL. Table 12 shows perspective means for each target based on the total sample, and summary data from Tables 2-9 presented in a form comparable to that in Table 11.

TABLE 12. PERSPECTIVE MEANS AND SIGNIFICANT ASSOCIATIONS WITH RESPONDENT CHARACTERISTICS FOR SELECTED TARGETS

TARGET AND PERSPECTIVE	RESPONDENT CHARACTERISTICS													MEAN[1]
	Accept. of Ret.	Experience with Retardation						Social Status			Personal			
	Closest Rel.	Acq.	Field	Occup. Field	Educ. Field	Org. Type	Orgs. Known	Educ.	Stud. Level	Occup. Rank	Age	Sex	No. Orgs.	
Competency Attribution														
MD	+	+					+							1.49
SV	+	+												- .73
PG		+			+			-	-	-				2.81
Emotional Disturbance Attribution														
MD	+									-		+	+	2.09
SV	+	+	+	+					+		+			- .01
PG								-		-	+			2.52
Affect Attribution														
MD	+									-				.35
SV														-1.12
PG					+	+					+			.96
Social Distance														
MD	+	+			+				-				+	1.76
SV	+	+												- .73
PG					+					-				2.79
Distaste														
MD	+	+											+	1.45
SV	+	+	+	+										.17
PG					+			-	-	-				2.16
Prevention Expectations														
MD		+						+						.41
SV	+	+												- .51
PG														- .74
Medical Expectations														
MD	+	+									-			1.40
SV	+													-1.73
PG											+			2.04
Habilitation Expectations														
MD	+	+												4.37
SV	+	+		+	-			+	+					1.41
PG		+		+	+			-	-	-		+		4.15

[1] Scores range from -6 to 6.
+ indicates a significant positive association; - indicates a significant negative association.
Note. See footnote to Table 1 for explanation of abbreviations.

For all perspectives except Prevention and Habilitation Expectations, a consistent sequence of means was formed in which PEOPLE IN GENERAL received the highest ranking, followed by MILDLY then SEVERELY RETARDED PEOPLE. The unspecific MENTALLY RETARDED PEOPLE ranked between the two specific retarded targets on all perspectives. The pattern for Prevention Expectations differed only in that PEOPLE IN GENERAL was the target deemed least preventable. MILDLY RETARDED PEOPLE are considered more habilitable than PEOPLE IN GENERAL.

Because substantively different targets were not included, the conclusions to be drawn from the means in Table 12 are limited to the observation that all perspectives rank these targets meaningfully. Prevention and Habilitation Expectations were ordered differently by the inclusion of PEOPLE IN GENERAL and it seems very likely the relative

position of such targets as "Emotionally Disturbed People" or "Blind People" would also vary among the perspectives.

The Social Distance and Distaste perspectives measure reactions to the target groups, and would probably be important in predicting community responses to local placement of retarded persons, individual responses to casual encounters with retarded people, or other forms of impending personal contact. As indicated by Table 12 and the top portion of Table 11, direct experience with retarded persons was extremely important in determining responses to retarded target groups for those two perspectives, but social status and educational field (in effect a measure of social service training, and not necessarily involving exposure to retarded persons) affected responses to PEOPLE IN GENERAL. Conversely, social status does not appear to have much effect on these two perspectives as applied to retarded targets, but accidental (Family) or intentional (Education, Job) exposure to retardation counteracts distance from and distaste toward retarded persons. Acquaintance with retarded persons, however, does not enhance responses to PEOPLE IN GENERAL in terms of these two perspectives.

The Competency, Emotional Disturbance, and Affect Attribution perspectives measure cognitive interpretations of the target groups, and they are likely to be predictive of performance expectations as established by parents, caretakers, professionals, or lawmakers for the respective target groups. Competency Attribution for both retarded and nonretarded targets is related to exposure to retardation. Social status variables affected Competency Attribution only for PEOPLE IN GENERAL. Experience with retardation affected responses to Emotional Disturbance Attribution only with respect to SEVERELY RETARDED PEOPLE, while social status (particularly Occupational Rank) affected Emotional Disturbance Attribution for the other targets. Characteristics affecting Affect Attribution are not consistent among targets, and it appears there is little distinct experiential or cultural basis for observed positions on that perspective. It is perhaps of interest that Educational Field (social service orientation), and Age, affect Affect Attribution for PEOPLE IN GENERAL.

Prevention, Medical, and Habilitation Expectations measure positions on various alternative prognoses for or "solutions" to the problem of retardation. It is, therefore, not surprising that Prevention Expectations was responded to similarly by all respondent categories for PEOPLE IN GENERAL, and only Age affected responses to Medical Expectations for the same nonretarded target. Familiarity with retardation was important to Prevention and Habilitation Expectations for all retarded target groups, but was less relevant to Medical Expectations. Habilitation Expectations is tied to educational and occupational experiences for all except MILDLY RETARDED PEOPLE.

The eight perspectives may be compared to those reported for other factor analytic studies. Osgood, et al., (1957) found an apparently consistent emergence of three factors in their semantic differential studies: evaluation, potency, and activity. Our approach differed from theirs in our selection of the item pool. Osgood and his colleagues argued in favor of selecting items for their theoretical relevance to each application, but in fact they used very general items for the analyses they reported. In general, our final item list is much more concrete and more people-specific than theirs. Even so, the three perspectives which measure characteristics attributed to the target group (Competency, Emotional Disturbance, and Affect Attribution) may be loosely described as potency factors; the two perspectives summarizing feelings toward the target group (Social Distance and Distaste) are interpretable as evaluative factors; and the three prognosis perspectives (Prevention, Medical, and Habilitation Expectations) may be described as activity factors. Most semantic differential scales that have been used in mental retardation research were created by selective use of established evaluative items.

Gottlieb and Corman (1975) reported four factors involved in public attitudes toward retarded children which they called positive stereotype, segregation in the community, segregation in the classroom, and perceived physical and intellectual handicap. On the surface, these are congruent with the Distaste, Social Distance, and Competency Attribution perspectives, respectively. However, they based their

analysis on three different scale types (semantic differential, Likert, and a rating scale) and their factors are too reflective of scale type to be interpreted confidently in terms of content. Babow and Johnson (1969) and Bensberg and Barnett (1966; replicated by Silverstein, et al., 1976) reported factor structures based on attitudes toward appropriate attendant treatment of retarded hospital residents rather than toward retarded people themselves. No factor analytic studies were found based on a single scale type with reference to mentally retarded people or a comparable target.

Scientific understanding of attitudes toward mental retardation cannot be based solely on a valid attitude measure. The Social Perspectives Scale was designed for flexible application answering to a variety of empirical and theoretical demands. It is incumbent on future users of the scale to identify appropriate experimental and naturalistic settings, fruitful variables and conditions to manipulate and control, and to compound studies in a way that contributes to the accumulation of knowledge about attitudes toward mental retardation in a context sensitive to social structure, psychological processes, and the interfaces between retardation and related characteristics.

References

Babow, I. & A. C. Johnson. Staff attitudes in a mental hospital which established a mental retardation unit. American Journal of Mental Deficiency, 1969, 74 (1), 116-124.

Balthazar, E. E. & H. A. Stevens. The emotionally disturbed, mentally retarded: A historical and contemporary perspective. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1975.

Budoff, M. & G. N. Siperstein. Low income children's attitudes toward mentally retarded children: Effects of labelling and academic behavior. American Journal of Mental Deficiency, 1978, 82 (5), 474-479.

Campbell, F. J. There is no such thing as "the retarded" (an editorial). Spectrum (Oakdale Center for Developmental Disabilities, Lapeer, MI), 1977 (August), 3-4.

Cleland, C., G. Manaster, M. King, & I. Iscoe. The mentally ill and mentally retarded via adjectival descriptions. Mental Retardation, 1975, 13 (5), 28-30.

Copeland, A. P. & C. S. Weissbrod. Differences in attitude toward sex-typed behavior of nonretarded and retarded children. American Journal of Mental Deficiency, 1976, 81 (3), 280-288.

Eisenmann, R. Attitudes toward the physically disabled: Report of a research program, with implications for psychotherapy. Training School Bulletin, 1972, 68 (4), 202-206.

English, R. W. & D. A. Palla. Attitudes towards a photograph of a mildly and severely retarded child. Training School Bulletin, 1971, 68 (1), 55-63.

Gan, J., A. J. Tymchuk, & A. Nishihara. Mildly retarded adults: Their attitudes toward retardation. Mental Retardation, 1977, 15 (5), 5-9.

Gardner, J. M. & A. Veno. Public views of the surplus population. Mental Retardation, 1979, 17 (5), 231-236.

Gottlieb, J. & L. Corman. Public attitudes toward mentally retarded children. American Journal of Mental Deficiency, 1975, 80 (1), 72-80.

Gottlieb, J. & G. N. Siperstein. Attitudes toward mentally retarded persons: Effects of attitude referent specificity. American Journal of Mental Deficiency, 1976, 80 (4), 376-381.

Greenbaum, J. J. & D. D. Wang. A semantic differential study of the concepts of mental retardation. The Journal of General Psychology, 1965, 73, 257-272.

Greer, B. G., W. W. Flint, & W. M. Jenkins. The development of the Disability Opinion Surveys and the Social Distance Survey: Preliminary report. Memphis, TN: Memphis State University, Department of Special Education and Rehabilitation, 1974.

Greer, B. G., W. M. Jenkins, & W. W. Flint. The development of the Disability Opinion Surveys and the Social Distance Survey: Progress Report I. Memphis, TN: Memphis State University, Department of Special Education and Rehabilitation, no date.

Grossman, H. J. (Ed.) Manual on terminology and classification in mental retardation. Washington, DC: American Association on Mental Deficiency, 1977.

Guskin, S. L. Paradigms for research on attitudes toward the mentally retarded. In P. Mittler (Ed.), Research to practice in mental retardation. Vol. I: Care and intervention. Baltimore, MD: University Park Press, 1977. Pp. 23-33.

Harth, R. Attitudes toward minority groups as a construct in assessing attitudes towards the mentally retarded. Education and Training of the Mentally Retarded, 1971, 6 (4), 142-147.

Harth, R. Attitudes and mental retardation. A review of the literature. Training School Bulletin, 1973, 69 (4), 150-164.

Hollinger, C. S. & R. L. Jones. Community attitudes toward slow learners and mental retardates: What's in a name? Mental Retardation, 1970, 8 (1), 19-23.

Karan, O. Annual progress report. Project deinstitutionalization: Using extended evaluation to enable institutionalized severely developmentally disabled persons to demonstrate their vocational rehabilitation potential. Madison, WI: Waisman Center on Mental Retardation and Human Development, 1978.

Latimer, B. Current attitudes toward mental retardation. Mental Retardation, 1970, 8 (5), 30-32.

Oppenheim, A. N. Questionnaire design and attitude measurement. New York: Basic Books, Inc., 1966.

Osgood, C. E., G. J. Suci, & P. H. Tannenbaum. The measurement of meaning. Urbana, IL: University of Illinois Press, 1957.

Shears, L. M. & C. J. Jensema. Social acceptability of anomalous persons. Exceptional Children, 1969, 32 (2), 91-96.

Silverstein, A. B., R. E. McLain, L. Brownlee, & M. Hubbell. Factor structure of the SREB Attendant Opinion Scale. American Journal of Mental Deficiency, 1976, 81 (3), 299-300.

Siperstein, G. N. & J. Gottlieb. Physical stigma and academic performance as factors affecting children's first impressions of handicapped peers. American Journal of Mental Deficiency, 1977, 81 (5), 455-462.

Warren, S. A. & D. R. Turner. Attitudes of professionals and students toward exceptional children. Training School Bulletin, 1966, 62 (4), 136-144.

Weller, L., C. Costeff, B. Cohen, & D. Rahmen. Social variables in the perception and acceptance of retardation. American Journal of Mental Deficiency, 1974, 79 (3), 274-278.

Whitcraft, C. J. & J. P. Jones. A survey of attitudes about sterilization of retardates. Mental Retardation, 1974, 12 (1), 30-33.

Zuk, G. H., R. L. Miller, J. B. Bartram, & F. Kling. Maternal acceptance of retarded children: A questionnaire study of attitudes and religious background. Child Development, 1961, 32 (3), 525-540.

APPENDIX I: Questions Used in the Validation of the Social Perspectives Scale

These are the questions relevant to the present report. Wordings have been condensed somewhat to conserve space.

1. Initial semantic differential pool (7 response choices):

respectable-not respectable
hopeless-hopeful
incompetent-competent
dead-alive
useful-useless
inhuman-human
conforming-deviant
helpless-self-reliant
sacred-profane
familiar-strange
bright-dull
preventable-not preventable
heavy-light
beautiful-ugly
worthless-valuable
helpful-burdensome
rare-common
independent-dependent
superior-inferior
lonely-not lonely
stupid-intelligent
nonresponsive-responsive
obvious-subtle
awkward-skilled
nervous-confident
rational-crazy
moral-immoral
reassuring-frightening
insane-sane
healthy-sick
neglected-protected
heterogenous-homogeneous
unhappy-happy
asexual-oversexed
incurable-curable
punishing-rewarding
dangerous-safe
different-alike
strong-weak
special-ordinary
shameful-prideful
inevitable-avoidable
worldly-unworldly
wrong-right
stable-unstable

2. "Pops into my mind" questions:

When I think of a mentally retarded person, the first thing that "pops into my mind" is (mildly/severely retarded) (adult/child) (male/female).

3. Conventional social distance scale (check each relationship you would be willing to have with a mentally retarded person):

living in my neighborhood
living next door to me
conversing with me on a bus, taxi, or airplane
as a guest of mine in a restaurant where I am well-known
as a close friend
as a date
as a marriage partner

4. Respondent Characteristics:

Experience with retarded people (for each, child or adult, mild or severe): Never met any, acquaintance, friend, immediate family, other relative, job or volunteer (primarily/occasionally with retarded people).

Organizations known: list all local or national agencies you can think of that exist primarily to help retarded people/other agencies that retarded people and their families should know about.

Age (10-year categories)

Sex (male/female)

Education (check highest level completed): No high school diploma; high school diploma; some college; technical or 2-yr. associate degree (including LPN); M.A., M.S., or other masters degree; professional diploma (L.L.B., M.D., D.D.S., etc.); Ph.D. or other doctorate.

If employed, what is your occupation? (open-ended)
If a student, what is your major/rank? (open-ended)
If you are active in any organizations, which ones? (open-ended)

Reactions to the questionnaire:

Do you think the questions are adequate for representing your feelings about mentally retarded people? (open-ended)

APPENDIX II: Final Instructions and Prototype Scale

THE SOCIAL PERSPECTIVES SCALE

Instructions

We all have personal impressions we attach to the words we hear. The Social Perspectives Scale was designed to measure some of the impressions you have about words that describe people. Because everyone has different impressions, there are no "right" or "wrong" answers.

On each of the following pages you will find a word at the top of the page, followed by a number of scales defined by two opposite words. For example,

STRANGERS

large ___:___:___:___:___:___:___ small

calming ___:___:___:___:___:___:___ exciting

You are to describe the word at the top of the page according to each scale in order, in the following manner. If you feel the word at the top of the page (say, stranger) is very close to one of the two opposites at the end of the scale (say, either to "large" or to "small"), place an X in the space nearest that end of the scale:

large __X__:___:___:___:___:___:___ small

large ___:___:___:___:___:___:__X__ small

If you feel the word at the top of the page is only slightly related to one of the words at the end of the scale, place an X near the center of the scale:

calming ___:___:__X__:___:___:___:___ exciting

calming ___:___:___:___:__X__:___:___ exciting

Use the center of the scale if you feel the word at the top of the page is equally related (or unrelated) to both words:

orange ___:___:___:__X__:___:___:___ green

Be sure to mark every scale. Make only one check mark for each scale. Place your check marks carefully within the space:

this not this

___:__X__:___:___:___:___:__X__

Work quickly, but carefully, giving your "first impressions." Do not go back to compare previous answers. No items are repeated exactly.

Follow the instructions describing MENTALLY RETARDED PEOPLE according to each of the following scales. Remember to mark each scale exactly <u>once</u>.

MENTALLY RETARDED PEOPLE

healthy	___:___:___:___:___:___:___	sick
rewarding	___:___:___:___:___:___:___	punishing
inhuman	___:___:___:___:___:___:___	human
rational	___:___:___:___:___:___:___	crazy
awkward	___:___:___:___:___:___:___	skilled
preventable	___:___:___:___:___:___:___	not preventable
competent	___:___:___:___:___:___:___	incompetent
incurable	___:___:___:___:___:___:___	curable
familiar	___:___:___:___:___:___:___	strange
lonely	___:___:___:___:___:___:___	not lonely
deviant	___:___:___:___:___:___:___	conforming
hopeful	___:___:___:___:___:___:___	hopeless
insane	___:___:___:___:___:___:___	sane
shameful	___:___:___:___:___:___:___	prideful
happy	___:___:___:___:___:___:___	unhappy
inevitable	___:___:___:___:___:___:___	avoidable